N. WAIVERED SERVICES

Effective March 10, 2001

WAC 388-515-1505 Community options program entry system (COPES).

This section describes the financial eligibility requirements for waiver services under the community options program entry system (COPES) and the rules used to determine a client's participation in the total cost of care.

(1) To be eligible for COPES a client must:

(a) Be eighteen years of age or older;

(b) Meet the disability criteria of the Supplemental Security Income (SSI) program as described in WAC 388-503-0510 (1);

(c) Require the level of care provided in a nursing facility as described in WAC 388-71-0700;

(d) Be residing in a medical facility as defined in WAC 388-513-1301 , or likely be placed in one within the next thirty days in the absence of waivered services described in WAC 388-71-0410 and 388-71-0415 ;

(e) Have attained institutional status as described in WAC 388-513-1320 ;

(f) Be determined in need of waivered services and be approved for a plan of care as described in WAC 388-71-0435 ;

(g) Be able to live at home with community support services and chooses to remain at home, or live in a department-contracted:

(i) Enhanced adult residential care (EARC) facility;

(ii) Licensed adult family home (AFH); or

(iii) Assisted living (AL) facility.

(h) Not be subject to a penalty period of ineligibility for the transfer of an asset as described in WAC 388-513-1365 and 388-513-1366 ; and

(i) Meet the resource and income requirements described in subsections (2), (3) and (4).

(2) Refer to WAC 388-513-1315 for rules used to determine nonexcluded resources and income.

(3) Nonexcluded resources above the standard described in WAC 388-513-1350 (1):

(a) Are allowed during the month of an application or eligibility review if, when excess resources are added to nonexcluded income, the combined total is not over the special income level (SIL).

(b) Are reduced by incurred medical expenses (for definition, see WAC 388-519-0110 (10)) that are not subject to third-party payment and for which the client is liable, including:

(i) Health insurance and Medicare premiums, deductions, and co-insurance charges; and

(ii) Necessary medical care recognized under state law, but not covered under the state's Medicaid plan.

(c) Not allocated to participation must be at or below the resource standard.

(4) Nonexcluded income:

(a) Must be at or below the SIL;

(b) Is allocated in the following order:

(i) An earned income deduction of the first sixty-five dollars plus one-half of the remaining earned income;

(ii) Maintenance and personal needs allowances as described in subsection (6), (7), and (8) of this section;

(iii) Guardianship fees and administrative costs including any attorney fees paid by the guardian only as allowed by chapter 388-079 WAC;

(iv) Income garnisheed for child support or withheld pursuant to a child support order:

(A) For the time period covered by the maintenance amount:

and

(B) Not deducted under another provision in the post-eligibility process.

(v) Monthly maintenance needs allowance for the community spouse not to exceed that in WAC 388-513-1380 (6)(b) unless a greater amount is allocated as described in subsection (5) of this section. This amount:

(A) Is allowed only to the extent that the client's income is made available to the community spouse; and

(B) Consists of a combined total of both:

(I) An amount added to the community spouse's gross income to provide a total equal to the amount allocated in WAC 388-513-1380 (6)(b); and

(II) Excess shelter expenses. For the purposes of this section, excess shelter expenses are the actual required maintenance expenses for the community spouse's principal residence of:

- Rent;
- Mortgage;
- Taxes and insurance;
- Any maintenance care for a condominium or cooperative; and
- The food assistance standard utility allowance (for LTC services this is set at the standard utility allowance (SUA) for a four-person household), provided the utilities are not included in the maintenance charges for a condominium or cooperative;
- LESS the standard shelter allocation listed in WAC 388-513-1380 (7)(a).

(III) A monthly maintenance needs amount for each minor or dependent child, dependent parent or dependent sibling of the community or institutionalized spouse based on the living arrangement of the dependent. If the dependent:

- Resides with the community spouse, the amount is equal to one-third of the community spouse income allocation as described in WAC 388-513-1380 (6)(b)(I)(A) that exceeds the dependent family member's income;
- Does not reside with the community spouse, the amount is equal to the MNIL for the number of dependent family members in the home less the income of the dependent family members. Child support received from an absent parent is the child's income;
- Incurred medical expenses described in subsection (3)(b) not used to reduce excess resources.

(5) The amount allocated to the community spouse may be greater than the amount in subsection (4)(b)(iv) only when:

(a) A court enters an order against the client for the support of the community spouse; or

(b) A hearings officer determines a greater amount is needed because of exceptional circumstances resulting in extreme financial duress.

(6) A client who receives SSI does not use income to participate in the cost of personal care, but does use SSI income to participate in paying costs of board and room. Other income an SSI client receives is used to participate in the cost of personal care. Such a client who lives:

(a) At home, retains a maintenance needs amount equal to the following:

(i) Up to one hundred percent of the one-person Federal Poverty Level (FPL), if the client is:

(A) Single; or

(B) Married, and is:

(I) Not living with the community spouse; or

(II) Whose spouse is receiving long-term care (LTC) services outside of the home.

(ii) Up to one hundred percent of the one-person FPL for each client, if both are receiving COPES services;

(iii) Up to the one-person MNIL if the client is living with a community spouse who is not receiving LTC services.

(b) In an EARC, AFH, or AL:

(i) Retains a personal needs allowance (PNA) of fifty-eight dollars and eighty-four cents; and

(ii) Pays remaining SSI income to the facility for the cost of board and room.

(7) An SSI-related client living:

(a) At home, retains a maintenance needs amount equal to the following:

(i) Up to one hundred percent of the one-person Federal Poverty Level (FPL), if the client is:

(A) Single; or

(B) Married, and is:

(I) Not living with the community spouse; or

(II) Whose spouse is receiving long-term care (LTC) services outside of the home.

(ii) Up to one hundred percent of the one-person FPL for each client, if both are receiving COPES services;

(iii) Up to the one-person medically needy income level (MNIL) for a married client who is living with a community spouse who is not receiving COPES.

(b) In an ARC, EARC, AFH, or AL retains a maintenance needs amount equal to the one-person MNIL and:

(i) Retains a PNA taken from the MNIL of fifty-eight dollars and eighty-four cents; and

(ii) Pays the remainder of the MNIL to the facility for the cost of board and room.

(8) A client who is eligible for the general assistance expedited Medicaid disability (GAX) program does not participate in the cost of personal care. Such a client who lives:

(a) At home, retains the cash grant amount authorized under the general assistance program; or

(b) In an AFH, EARC, or AL, retains a PNA of thirty-eight dollars and eighty-four cents, and pays remaining income and GAX grant to the facility for the cost of board and room.

(9) The client's remaining income after the allocations described in subsections (4) through (8) is the client's participation in the total cost of care.

CLARIFYING INFORMATION

The Community Options Program Entry System (COPES) is a categorically needy (CN) waivered program that provides clients described in WAC 388-515-1505 with alternatives to placement in a medical facility. These alternatives include remaining in their home or placement in an alternate living facility (ALF) approved by the Home and Community Services (HCS) division. The goal of this program is to provide a safe level of care with maximum independence.

The department determines financial eligibility for these services according to WAC 388-513-1315. A client must have nonexcluded income at or below the special income level (SIL), but can reduce excess resources in the initial or review months as described in WAC 388-515-1505 (2).

In addition to the income allocations described in WAC 388-515-1505, the social worker (SW) can request an exception to rule to reduce the client's participation in the cost of care when the client requires the services of a guardian. The amount is limited to the difference between the FPL and the MNIL.

WORKER RESPONSIBILITIES

1. Follow procedures in **ELIGIBILITY REQUIREMENTS** to establish financial and functional eligibility.

2. Refer to WAC 388-515-1505 (6) to determine the client's participation in the cost of care.

3. If the client becomes ineligible for these services, the ending date is the last day of the month in which the plan of care ends or that required by advance notice procedures, whichever is later.

4. Follow necessary supplemental accommodation (NSA) procedures described in chapter 388-200 WAC when appropriate.

ACES PROCEDURES

1. Refer to Chapter K 20.16.4 in the ACES User Manual. When following those procedures, the information below is important to remember.

2. The ACES coverage group for the COPES program is C01.

3. Enter the appropriate codes on the INST screen related to the HCB Waiver Type and the Source Code.

Effective January 8, 2000

WAC 388-515-1510 Community alternatives program (CAP) and outward bound residential alternatives (OBRA).

This section describes the eligibility requirements for waivered services under the CAP and OBRA programs and the rules used to determine a client's participation in the cost of care.

(1) The department establishes eligibility for CAP and OBRA services for a client who:

(a) Is both Medicaid eligible under the categorically needy (CN) program and meets the requirements for services provided by the division of developmental disabilities (DDD);

(b) Has attained institutional status as described in WAC 388-513-1320;

(c) Has been assessed as requiring the level of care provided in an intermediate care facility for the mentally retarded (IMR);

(d) Has a department-approved plan of care that includes support services to be provided in the community;

(e) Is able to reside in the community according to the plan of care and chooses to do so; and

(f) Meets the income and resource requirements described in subsection (2); and

(g) For the OBRA program only, the client must be a medical facility resident at the time of application.

(2) The department allows a client to have nonexcluded resources in excess of in excess of the standard described in WAC 388-513-1350 (1) during the month of either an application or eligibility review, if when excess resources are added to nonexcluded income, the combined total does not exceed the special income level (SIL). Refer to WAC 388-513-1315 for rules used to determine nonexcluded income and resources. During other months, financial requirements include the following:

(a) Nonexcluded income must be at or below the SIL; and

(b) Non-excluded resources must be at or below the resource standard.

(3) A client who is eligible for supplemental security income (SSI) does not participate SSI income in the cost of care for CAP or OBRA services.

(4) An SSI-related client retains a maintenance needs amount of up to the SIL, who is:

(a) Living at home; or

(b) Living in a state-contracted alternate living facility described in WAC 388-513-1305 (1).

(5) A client described in subsection (4) (b) retains the greater of:

(a) The SSI grant standard; or

(b) An amount equal to a total of the following:

(i) A personal needs allowance (PNA) of thirty-eight dollars and eighty-four cents; plus

(ii) The facility's monthly rate for board and room, which the client pays to the facility; plus

(iii) The first twenty dollars of monthly earned or unearned income; and

(iv) The first sixty-five dollars plus one-half of the remaining earned income not previously excluded.

(6) If a client has a spouse in the home who is not receiving CAP or OBRA services, the department allocates the client's income in excess of the amounts described in subsections (4) and (5) as an additional maintenance needs amount in the following order:

(a) One for the spouse, as described in WAC 388-513-1380 (2) (c); and

(b) One for any other dependent family member in the home, as described in WAC 388-513-1380 (2) (d).

(7) A client's participation in the cost of care for CAP or OBRA services is the client's income:

(a) That exceeds the amounts described in subsections (4), (5), and (6); and

(b) Remains after deductions for medical expenses not subject to third-party payment for which the client remains liable, included in the following:

(i) Medicare and other health insurance premiums, deductibles, or coinsurance charges; and

(ii) Necessary medical care recognized under state law but not covered by Medicaid.

CLARIFYING INFORMATION

The Community Alternatives Program (CAP) and Outward Bound Residential Alternatives (OBRA) are categorically needy (CN) waivered programs that provide clients described in WAC 388-515-1510 with alternatives to placement in an Institution for the Mentally Retarded (IMR). These alternatives include remaining in their home or placement in an alternate living facility (ALF) approved by the Division of Developmental Disabilities (DDD). The goal of these programs is to provide a safe level of care with maximum independence. Services provided to Medically Intensive Children are included under the CAP/OBRA programs.

The department determines financial eligibility for these services according to WAC 388-513-1315. A client must have non-excluded income at or below the special income level (SIL), but can reduce excess resources in the initial or review months as described in WAC 388-515-1510 (2).

In addition to the income allocations described in WAC 388-515-1510, the case manager (CM) can request an exception to rule to reduce the client's participation in the cost of care when the client requires the services of a guardian. If the client lives in an ALF, the CM determines the amount the client keeps for personal needs and the amount client pays for board and room.

WORKER RESPONSIBILITIES

1. Follow procedures in **ELIGIBILITY REQUIREMENTS** to establish financial and functional eligibility. Consider a client who is approved for these services by DDD as having attained institutional status.

2. Refer to WAC 388-515-1510 (7) to determine the client's participation in the cost of care.

3. If the client becomes ineligible for these services, the ending date is the last day of the month in which the plan of care ends or that required by advance notice procedures, whichever is later.

4. Follow necessary supplemental accommodation (NSA) procedures described in chapter 388-200 WAC when appropriate.

ACES PROCEDURES

1. Refer to Chapter K 20.16.4 in the ACES User Manual. When following these procedures, the information below is important to remember.

2. The ACES coverage group for the CAP/OBRA program is C01.

2. Enter the appropriate codes on the INST screen related to the HCB Waiver Type and the Source Code.

Effective January 8, 2000

WAC 388-515-1530 Coordinated community AIDS services alternatives (CASA) program. This section describes the eligibility requirements for waivered services under the CASA program and the rules used to determine a client's participation in the cost of care.

(1) The department establishes eligibility for CASA services for a client who:

(a) Meets the disability criteria of the supplemental security income (SSI) program as described in WAC 388-503-0510 (1);

(b) Meets the disability criteria of the supplemental security income (SSI) program as described in WAC 388-503-0510 (1);

(c) Has attained institutional status as described in WAC 388-513-1320;

(d) Has been diagnosed with:

(i) Acquired Immune Deficiency Syndrome (AIDS) or disabling Class IV human immunodeficiency virus disease; or

(ii) P2 HIV/AIDS, if fourteen years old or younger;

(e) Has been certified by the client's physician or nurse practitioner to be in the terminal state of life;

(f) Has been assessed as being medically at risk for needing inpatient care;

(g) Has a plan of care approved by the department and the department of health (DOH);

(h) Does not have private insurance, including a COBRA extension, that covers inpatient hospital care;

(i) Is able to live at home or in an alternate living facility (ALF) described in WAC 388-513-1305 (1) and chooses to do so; and

(j) Meets the income and resource requirements described in subsection (2).

(2) The department allows a client to have nonexcluded resources in excess of the standard described in WAC 388-513-1350 (1) during the month of either an application or eligibility review if, when excess resources are added to

nonexcluded income, the combined total does not exceed the special income level (SIL). Refer to WAC 388-513-1315 for rules used to determine nonexcluded income and resources. During other months, financial requirements include the following:

(a) Nonexcluded income must be at or below the SIL; and

(b) Nonexcluded resources must be at or below the resource standard.

(3) A client who is eligible for SSI does not participate in the cost of care for CASA services.

(4) An SSI-related client retains a maintenance needs amount, if :

(a) Living at home, of up to the SIL; or

(b) Living in an ALF described in WAC 388-513-1305 (1), of thirty-eight dollars and eighty-four cents.

(5) The income of a client described in subsections (4) (a) or (b) that exceeds the maintenance needs amount is allocated as described in WAC 388-513-1380 (1), (2) (b) through (e), (3) and (4).

(6) The income of a client described in subsection (4) (b) that exceeds the maintenance needs amount and the amount described in subsection (5) is paid to the facility for the cost of board and room up to an amount that is equal to the difference between the:

(a) Amount of the SIL; and

(b) The combined total of amounts described in subsections (4) (b) and (5).

(7) A client's participation in the cost of care for CASA services is the amount of income that remains after allocations described in subsections (4), (5), and (6).

(8) The client must meet any participation obligation, in order to remain eligible.

CLARIFYING INFORMATION

Coordinated Community AIDS Service Alternatives (CASA) is a categorically needy (CN) program that provides clients described in WAC 388-515-1530 with alternatives to

living in a medical facility. These alternatives include remaining in their home or placement in an alternate living facility (ALF) approved by the department and the Department of Health (DOH).

The department determines financial eligibility for these services according to WAC 388-513-1315. A client must have non-excluded income at or below the special income level (SIL), but can reduce excess resources in the initial or review months as described in WAC 388-515-1530 (2).

If the client lives in an ALF, the case manager determines the amount the client keeps for personal needs and the amount client pays for board and room.

WORKER RESPONSIBILITIES

1. Follow procedures in **ELIGIBILITY REQUIREMENTS** to establish financial and functional eligibility. Consider a client who is approved for these services by DOH as having attained institutional status.

2. Refer to WAC 388-515-1530 (7) to determine the client's participation in the cost of care.

3. If the client becomes ineligible for these services, the ending date is the last day of the month in which the plan of care ends or that required by advance notice procedures, whichever is later.

4. Follow necessary supplemental accommodation (NSA) procedures described in chapter 388-200 WAC when appropriate.

ACES PROCEDURES

1. Refer to Chapter K 20.16.4 in the ACES User Manual. When following those procedures, the information below is important to remember.

2. The ACES coverage group for the CASA program is C01.

3. Enter the appropriate codes on the INST screen related to the HCB Waiver Type and the Source Code.